



National  
Aeronautics and  
Space  
Administration

# Fellowship Program Evaluation and Reentry Report

PARTICIPANT'S NAME	CENTER
PROGRAM ATTENDED	DATES ATTENDED

## SECTION I - REENTRY COMMITMENT

1. DESCRIBE HOW YOU APPLIED THE KNOWLEDGE AND SKILL GAINED FROM THIS FELLOWSHIP EXPERIENCE TO YOUR CENTER/NASA GOALS. (Reference the two activities committed to as part of your Fellowship application package.)

2. HAVE YOU BEEN ABLE TO SHARE WITH YOUR ORGANIZATION THE LEARNING EXPERIENCE YOU GAINED IN THE FELLOWSHIP PROGRAM? ☐ YES ☐ NO

3. IN WHAT WAYS HAVE YOU BEEN ABLE TO SHARE YOUR LEARNING IN YOUR ORGANIZATION?

4. WHAT IMPACT HAS YOUR FELLOWSHIP LEARNING EXPERIENCE HAD ON THE MISSION OF NASA, YOUR ORGANIZATION, AND YOUR OWN PERSONAL MISSION?

## SECTION II - PROGRAM EVALUATION

	QUESTION	RESPONSE (Fill in the circle for the response that applies)									
		1	2	3	4	5	6	7	8	9	
5.	HOW WOULD YOU RATE THE OVERALL VALUE OF THE FELLOWSHIP YOU ATTENDED?	LOWEST	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	HIGHEST
6.	HOW WOULD YOU RATE THE OVERALL VALUE OF THIS FELLOWSHIP IN SUPPORTING YOUR ABILITY TO ACHIEVE NASA'S STRATEGIC GOALS?	LOWEST	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	HIGHEST
7.	HOW WOULD YOU RATE THE LEARNING EXPERIENCE IN COMPARISON TO OTHERS YOU HAVE HAD?	WORST	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	BEST
8.	HOW APPLICABLE ARE THE SKILLS DEVELOPED IN THIS COURSE TO YOUR WORK AT NASA?	NOT AT ALL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TOTALLY
9.	OVERALL, HOW WOULD YOU RATE THE INSTRUCTOR'S KNOWLEDGE OF THE SUBJECT?	POOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	OUTSTANDING
10.	OVERALL, HOW WOULD YOU RATE THE INSTRUCTOR'S METHOD AND STYLE OF DELIVERY?	POOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	OUTSTANDING
11.	HOW WOULD YOU RATE THE TRAINING MATERIALS PROVIDED?	POOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	OUTSTANDING
12.	HAVE YOU USED THE INFORMATION YOU LEARNED SO FAR?			<input checked="" type="radio"/> YES			<input type="radio"/> NO				
13.	HAVE YOU NOTICED ANY DIFFERENCE IN YOUR KNOWLEDGE OR ABILITIES SINCE YOU BEGAN THIS COURSE?			<input checked="" type="radio"/> YES			<input type="radio"/> NO				

14. WHAT FACTORS ENABLED YOUR LEARNING?

15. WHAT CONCEPTS OR TOOLS DID YOU FIND MOST USEFUL?

16. WHAT CONCEPTS DID YOU FIND THE LEAST USEFUL?

17. WHAT CHANGES, IF ANY, WOULD YOU INSTITUTE TO MAKE THIS PROGRAM MORE EFFECTIVE?

18. WHAT FOLLOW-ON LEARNING WOULD YOU TAKE AS A RESULT OF THIS EXPERIENCE?

**SECTION III - CERTIFICATIONS**

*I CERTIFY THE REENTRY COMMITMENTS FOR THIS FELLOWSHIP PROGRAM ARE COMPLETE.*

PROGRAM PARTICIPANT

DATE

CENTER DIRECTOR

DATE